



P.E.A.R.L. Program

(Participation for Everyone in Active Recreation and Leisure)

Application Form

CITY OF
Mount Pearl

Program Guideline

1. Designed for residents of Mount Pearl.
2. A reference must be provided from community leader (example: social worker, teacher, clergy, coach).
A reference cannot be a family member or relative.
3. One activity per person per season.

PARTICIPANT INFORMATION

Participant's Name: _____ Birth Date (dd/mm/yy): ___/___/___

Parent/Guardian Name (if applicable): _____

Participants Gender: _____ Age: _____ Address: _____

City: _____ Postal Code: _____ Tel: _____ (H)

Tel: _____ (W) _____ (Cell) Email: _____

Funding Application Deadlines -Summer April 15th Fall July 15th Winter/Spring November 15th

REQUEST FOR FUNDING - I would like to request funding for:

Activity/Program: _____ Registration Fee: \$ _____

Start Date (dd/mm/yy): ___/___/___ Length of Activity: _____

I certify my submission of the above and verify that all the information given is correct and can be substantiated

Signature of Adult: _____ Date: _____

REFERENCE (community leader/professional)

Name: _____ Organization: _____

Position: _____ Tel: _____ (W)

Tel: _____ (H/Cell) E-mail: _____

For Office Use Only:

Application Received (dd/mm/yy): ___/___/___ Application Complete (Y/N): _____ Accepted (Y/N): _____

First Time Funding (Y/N): _____ Allocation Period (dd/mm/yy): ___/___/___ to ___/___/___

Comments: _____

The City of Mount Pearl will respect the confidentiality of all applicants.

For more information contact Sean McKenna, Manager of Community Services Programs, 748-1046 or smckenna@mountpearl.ca

Please submit application to:
Pearl Program Community Services Dept., 3 Centennial Street, Mount Pearl, NL, A1N 1G4